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SCRU-11-0000580

IN THE SUPREME COURT OF THE STATE OF HAWAI‘I

In the Matter of the

DISTRICT COURT RULES OF CIVIL PROCEDURE

ORDER AMENDING THE DISTRICT COURT RULES OF CIVIL PROCEDURE
(By: Recktenwald, C.J., McKenna, Eddins, Ginoza, and Devens, JJ.)

IT IS HEREBY ORDERED that Rule 38 of the District Court Rules of Civil Procedure is amended, effective January 1, 2026, as follows (deleted material is bracketed and stricken; new material is underscored):

Rule 38. JURY TRIAL OF RIGHT.

(a) **Right preserved.** The right of trial by jury as declared by the Constitution of the State of Hawai‘i or as provided by a statute shall be preserved to the parties inviolate.

(b) **Demand.** Any party may demand a trial by jury of any issue triable of right by a jury by serving upon the other parties a demand therefor in writing at any time after the commencement of the action and not later than 10 days after the case is at issue. Such demand may be indorsed upon a pleading of a party and such demand must include the endorsement "Approved and So Ordered."

Upon such demand, the party demanding a trial by jury shall pay to the clerk of the district court such costs for trial by jury as are payable in the circuit court, and the case shall be transferred to the circuit court. The clerk shall prepare, certify and transmit all of the papers within 20 days after the filing of the demand.

(c) Same: Specification of issues. In the demand a party may specify the issues which [~~he~~] the party wishes tried by jury; otherwise the demanding party shall be deemed to have demanded trial by jury for all the issues so triable. If the party has demanded trial by jury for only some of the issues, any other party may demand trial by jury of other issues as provided by the rules of the circuit court.

(d) Waiver. The failure of a party to serve a demand as required by this rule and to file it as required by Rule 5(d) of these Rules constitutes a waiver by that party of trial by jury. A demand for trial by jury made as herein provided may not be withdrawn without the consent of the parties.

COMMENTS:

Adopts old DCRCP Rule 38 with changes to gender neutral language. Also changes all the language to conform to "trial by jury" and incorporates a current administrative memo/order requiring a line for court approval.

IT IS FURTHER ORDERED that Forms DC03, DC13, DC22, DC27B, DC36, DC37, DC38, DC40, DC41, DC42, and DC53, are amended, as attached hereto, and shall be appended to the District Court Rules of Civil Procedure, effective January 1, 2026. The forms replace the prior forms bearing the same Form number.

IT IS FURTHER ORDERED that trial courts are authorized to insert circuit and court identifiers, appearance information, addresses, and contact information in the form and to publish

the form in print or electronic format for the respective courts
and circuits.

DATED: Honolulu, Hawai'i, July 9, 2025.

/s/ Mark E. Recktenwald

/s/ Sabrina S. McKenna

/s/ Todd W. Eddins

/s/ Lisa M. Ginoza

/s/ Vladimir P. Devens



BENCH WARRANT

TWO-SIDED FORM

Form #_DC03

IN THE DISTRICT COURT OF THE _____ CIRCUIT DIVISION STATE OF HAWAI'I	
THE STATE OF HAWAI'I vs.	
Name of ARRESTEE:	Reserved for Court Use Civil No. BW No. Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email
Address of ARRESTEE:	
Plaintiff	
Defendant	
Date Bench Warrant Ordered:	
BENCH WARRANT THE STATE OF HAWAI'I: TO: The Director of Law Enforcement of the State of Hawai'i, any deputy or any police officer or other person authorized by the laws of the State of Hawai'i. Because above-named person (ARRESTEE) was duly ordered to appear before this Court at the Original Hearing Date and Time stated above, and failed to so appear: You are commanded to arrest and bring ARRESTEE before the Presiding District Judge of this Court, in the judge's Courtroom, on the day and at the time designated by the checked box on the reverse side, then and there to show cause why ARRESTEE should not be found guilty of contempt of court. UNLESS AUTHORIZED IN WRITING, THIS WARRANT MAY NOT BE EXECUTED BETWEEN THE HOURS OF 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC.	
Date:	Judge of the above-entitled Court
BAIL SET AT: \$	

SEE REVERSE SIDE

BENCHWAR.2XX (Amended 7/9/25)

COURT DATE AND ADDRESSES:

(space reserved for court addresses)

I am duly authorized by Hawai'i law to serve this Bench Warrant and I executed this Bench Warrant on the following person:

at _____

on this _____ day of _____, 20____.

Signature of Serving Officer:

Date:

Print/Type Name:

Badge No.:

For Civil related matters, please call (808) _____ or visit the District Court Service Center at _____.



Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) _____; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

**REQUEST FOR RELIEF FROM COURT COSTS;
DECLARATION; ORDER**

Form DC13

IN THE DISTRICT COURT OF THE _____ CIRCUIT DIVISION STATE OF HAWAI'I	
Plaintiff	Reserved for Court Use Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email <input type="checkbox"/> Check if you are an attorney representing the filing party <i>pro bono</i>

REQUEST FOR RELIEF FROM COURT FILING FEES

Pursuant to Hawai'i Revised Statutes § 607-3, the filing party in this case asks the court to waive the prepayment of court filing fees as set forth in Hawai'i Revised Statutes § 607-4(b) because the filing party is unable to pay such costs and provide for their necessities in life.

Please answer the following questions:

1. Are you currently employed? Yes ☐ No ☐
 - a. If the answer is Yes,
 - State the amount of your monthly salary/wages: \$ _____
 - Name and address of your employer: _____
 - b. If the answer is No,
 - State the date you were last employed _____
 - Name and address of your former employer: _____
2. Do you rent ☐ or own ☐ your home?
 - State the amount of your monthly rent/mortgage payment: \$ _____
 - If you rent, do you receive any rent assistance? (Section 8) Yes ☐ No ☐
3. Do you own any real estate other than your home?
Yes ☐ No ☐
If the answer is Yes, state the total value: \$ _____
4. Do you have any money in any bank account? (Include any funds in prison accounts.)
Yes ☐ No ☐
If the answer is Yes, state the total amount: \$ _____

(continued on page 2)

REQUEST FOR RELIEF FROM COURT FILING FEES (continued)

5. Do you own any motor vehicles?

Yes ☐ No ☐

6. Do you receive any of the following (check all that apply)?

- ☐ Social Security payments (e.g. SSI or SSDI) or Retirement?
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Temporary Aid to Needy Families (TANF) [formerly AFDC]
- ☐ Food Stamps (GA)

7. List any persons who depend upon you for financial support. State your relationship to those persons and state how much you contribute to their support.

8. Do you have any other sources of income not listed above?

Yes ☐ No ☐

If the answer is Yes, describe what other income you receive.

DECLARATION

I DECLARE UNDER PENALTY OF PERJURY THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

(Reserved For Court Use)

ORDER

Having reviewed the request for relief from costs:

- ☐ This request is **GRANTED** court filing fees are waived.
- ☐ The request is **DENIED**.

Date:

Judge



Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) _____; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

EXEMPLIFICATION

Form #_DC22

IN THE DISTRICT COURT OF THE _____ CIRCUIT DIVISION STATE OF HAWAI'I	
Plaintiff	Reserved for Court Use
	Civil No.
	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email
Defendant	

EXEMPLIFICATION

I, _____, the undersigned Clerk of the above-entitled Court, certify that the attached is a full, true, and correct copy of the original document on file.

IN WITNESS I have signed this exemplification and affixed the seal of this Court.

Date:	Clerk of the above-entitled Court
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I, _____, District Judge of the above-entitled Court, certify that said Court is a Court of Record having a Clerk and Seal; that the court Clerk who signed the foregoing attestation is a duly appointed and qualified Clerk of said Court, and was, at the time of signing the same such Clerk, and as such, duly qualified to execute said certificate of attestation; that the same is in due form according to the laws of the State of Hawai'i; that the signature to said attestation is in the Clerk's genuine handwriting, and that all official acts, as such Clerk, are entitled to full faith and credit.

IN WITNESS my signature and the seal of this Court.

Date:	Judge of the above-entitled Court
-------	-----------------------------------

I, _____, Court Administrator of the above-entitled Court, certify that the Honorable Judge, whose name is subscribed to the preceding certificate, was, at the time of signing the same Judge of this Court and was duly commissioned, qualified and authorized by law to execute said certificate, and that the Judge's signature to said certificate is genuine. **IN WITNESS** I have signed this exemplification and affixed the seal of this court.

Date:	Court Administrator of the above-entitled Court
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Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) _____; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

**JUDGMENT DEBTOR'S MOTION FOR RETURN/RELEASE
OF WAGES EXEMPT FROM GARNISHMENT;
NOTICE OF MOTION; CERTIFICATE OF SERVICE;
GARNISHMENT CALCULATION WORKSHEET; EXHIBIT "A"**

TWO-SIDED FORM
Form # DC27B

IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAII	
Plaintiff	Reserved for Court Use Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email
JUDGMENT DEBTOR'S MOTION FOR RETURN/RELEASE OF WAGES EXEMPT FROM GARNISHMENT Filing Party moves this Court for an Order returning or releasing to the filing party all or a portion of wages which have been garnished because:	
1. <input type="checkbox"/> The amount garnished or withheld was excessive as the <input type="checkbox"/> Federal Law <input type="checkbox"/> State Law was more favorable to the filing party. 2. <input type="checkbox"/> The Garnishee should have deducted \$_____, rather than \$_____ according to the Garnishment Calculation Worksheet, Form# DC27C, and a copy of applicable pay stub attached as Exhibit "A". 3. <input type="checkbox"/> Other (specify) _____.	
Date:	Signature of Declarant: Print/Type Name:
NOTICE OF HEARING TO: _____: Please take notice that this Motion will be heard before the Presiding Judge of this Court in the Courtroom, at the address checked on page 2 on _____, _____, 20____, at _____ a.m. or as soon thereafter as parties may be heard.	
(continued on reverse side)	

SEE AND USE PAGE 2 TO RESPOND TO MOTION

COURT ADDRESS(ES)

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by ☐ Hand-delivery or ☐ Mail, addressed as follows:
Judgment Creditor: _____ Employer/Garnishee _____

Signature of Filing Party/Attorney:

Date:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- ☐ I DO NOT OBJECT to this Motion.
- ☐ I DISAGREE with this Motion for the following reasons:

Reserved for Court Use

I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT:**

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response to the Motion on all parties or their attorneys by ☐ Hand-delivery or ☐ Mail, addressed as follows:
Judgment Creditor: _____ Employer/Garnishee _____

Date:

Signature of Responding Party/Attorney:

Print/Type Name:



Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) _____; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

IN THE DISTRICT COURT OF THE _____ CIRCUIT

DIVISION
STATE OF HAWAII

Civil No.

Filing Party/Attorney Name, Attorney Number, Firm Name
(if applicable), Address, Telephone Number and Email

Filing party requests that this Motion be set for hearing. This Motion is based on the District Court Rules of Civil Procedure, Rule _____, and the Declaration below.

2. The following are facts why the Motion should be granted (Attach additional page(s), if necessary):

Print/Type Name:

Motion to Dismiss
Form# DC36

NOTICE OF MOTION

TO _____:
Please take notice that this Motion will be heard by the District Judge of this Court, in the Courtroom, at the address below
on (Day): _____, (Date): _____ at (Time): _____, _____.m.
or as soon thereafter as parties may be heard.

COURT ADDRESSES

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by
☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

RESPONSE TO THE MOTION/CERTIFICATE OF SERVICE

☐ **I DO NOT OBJECT** to this Motion.

☐ **I DISAGREE** with this Motion for the following reasons
(Attach additional page(s), if necessary):

Reserved for Court Use

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response to the Motion on all parties or their
attorneys by ☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:

Signature of Responding Party/Attorney:

Print/Type Name:



Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service or activity, please
contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) _____; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

**MOTION FOR DISCOVERY; DECLARATION;
NOTICE OF MOTION; CERTIFICATE OF SERVICE**

TWO-SIDED FORM

Form #_DC37

IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAII	
Plaintiff	Reserved for Court Use
	Civil No.
	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email
Defendant	
Trial Date:	Time:
<p style="text-align: center;">MOTION FOR DISCOVERY</p> <p>Filing Party requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to:</p> <p><input type="checkbox"/> For Deposition (District Court Rules of Civil Procedure, Rules 30 and 31); or</p> <p><input type="checkbox"/> For Documents and/or Entry Upon Land For Inspection (District Court Rules of Civil Procedure, Rule 34); or</p> <p><input type="checkbox"/> For Mental & Physical Examination (District Court Rules of Civil Procedure, Rule 35); or</p> <p><input type="checkbox"/> To Compel Discovery (District Court Rules of Civil Procedure, Rule 37).</p>	
<p style="text-align: center;">DECLARATION</p> <p>I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE FOLLOWING IS TRUE AND CORRECT:</p> <p>1. I am the <input type="checkbox"/> Movant or <input type="checkbox"/> associated with Movant as _____;</p> <p>2. The following are facts why Motion should be granted (attach continuation page, if necessary);</p>	
Date:	Signature of Declarant: Print/Type Name:

MOTDSCRY.2XX (Amended 7/9/25)

SEE AND USE REVERSE SIDE TO RESPOND TO MOTION

NOTICE OF MOTION

TO: _____

Please take notice that this Motion will be heard by the District Judge of this Court, in the Courtroom, at the address checked below on _____, _____, 20____ at _____M., or as soon thereafter as parties may be heard.

COURT ADDRESSES

(space reserved for court addresses)

Mailing address for the above Courts: (space reserved for court mailing address)

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by

☐ Hand-delivery **or** ☐ Mail, addressed as follows:

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- ☐ I DO NOT OBJECT to this Motion.
- ☐ I DISAGREE with this Motion for the following reasons:
(Attach continuation page, if necessary).

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response to the Motion on all parties or their attorneys by ☐ Hand-delivery **or** ☐ Mail, addressed as follows:

Date:

Signature of Responding Party/Attorney:

Print/Type Name:

For Civil related matters, please call (808) _____ or visit the District Court Service Center at _____.



Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) _____; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

☐ PLAINTIFF ☐ DEFENDANT

TWO-SIDED FORM

MOTION ☐ TO ☐ FOR _____;

Form #DC38

DECLARATION; NOTICE OF MOTION; CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff	Reserved for Court Use
	Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email

☐ PLAINTIFF ☐ DEFENDANT MOTION

☐ TO ☐ FOR _____

Filing Party requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to:

- ☐ Rules of the District Courts of the State of Hawai'i, Rule _____;
- ☐ District Court Rules of Civil Procedure, Rule _____;
- ☐ Rules of the Small Claims Division of the District Courts, Rule _____; or
- ☐ Hawai'i Revised Statutes § _____.

DECLARATION

I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am the ☐ Movant or ☐ associated with Movant as _____;
2. The following are facts why Motion should be granted (attach continuation sheet, if necessary);

Date:	Signature of Declarant:
	Print/Type Name:

NOTICE OF HEARING

TO: _____:

Please take notice that this Motion will be heard before the Presiding Judge of this Court in the Courtroom, at the address checked on the reverse side on _____, _____, 20____, at _____ a.m. or as soon thereafter as parties may be heard.

(continued on reverse side)

MOTHRNG.2XX (Amended 7/9/25)

SEE AND USE REVERSE SIDE TO RESPOND TO MOTION

COURT ADDRESSES

(space reserved for court addresses)

Mailing address for the above Courts: (space reserved for court mailing address)

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by

☐ Hand-delivery **or** ☐ Mail, addressed as follows:

Date:

Signature of Filing Party/Attorney:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

☐ I DO NOT OBJECT to this Motion.

☐ I DISAGREE with this Motion for the following reasons:
(Attach continuation page, if necessary).

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response to the Motion on all parties or their attorneys by ☐ Hand-delivery **or** ☐ Mail, addressed as follows:

Date:

Signature of Responding Party/Attorney:

Print/Type Name:

For Civil related matters, please call (808) _____ or visit the District Court Service Center at _____.



Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) _____; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

**EX PARTE MOTION FOR SERVICE OF PROCESS BY POSTING
AND BY CERTIFIED MAIL; DECLARATION; DECLARATION
OF PROCESS SERVER; ORDER DIRECTING SERVICE OF
PROCESS AND SUMMONING DEFENDANT(S) TO APPEAR
(FOR SUMMARY POSSESSION COMPLAINTS ONLY)**

IN THE DISTRICT COURT OF THE _____ CIRCUIT DIVISION STATE OF HAWAII	
Plaintiff	Reserved for Court Use
Defendant	Civil No.
Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email
Premises Address:	Other Address(es):
Attempted Service Dates: _____	Attempted Service Dates: _____
Complaint Filing Date:	Complaint Filing Date:
EX PARTE MOTION FOR SERVICE OF PROCESS BY POSTING AND BY CERTIFIED MAIL	
Plaintiff request that this Motion be granted for the reasons stated in the Declaration below. This Motion is based on the District Court Rules of Civil Procedure, Rule 4(e) and Hawai'i Revised Statutes § 666-8.	
DECLARATION	
I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT: I am Plaintiff or the attorney for Plaintiff. I caused the Complaint for Summary Possession to be filed on the Complaint Filing Date listed above. Based upon the Declaration of the Process Server below, service by posting and certified mail is necessary as described in Hawai'i Revised Statutes § 666-8.	
Date:	Signature of Declarant: Print/Type Name:

SEE PAGE 2

DECLARATION OF PROCESS SERVER

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING IS TRUE AND CORRECT: I am a person authorized to serve process in the State of Hawai'i. I have personal knowledge of the statements in this declaration and am competent to testify to these matters. I was engaged by Plaintiff to serve a certified copy of the Complaint for Summary Possession on Defendant. I attempted service on the Attempted Service Dates at the Premises Addresses and Other Addresses listed on page 1, that are the only known addresses for Defendant. I have checked the telephone directory of this circuit and I have not been able to find any other address for Defendant. Despite my efforts, I have not been able to locate and serve Defendant. I am informed and believe that Defendant continues to reside and/or do business in the State of Hawai'i but is avoiding service of process. (Attach continuation page, if necessary).

Date:

Signature of Process Server:

Print/Type Name:

ORDER DIRECTING SERVICE OF PROCESS AND SUMMONING DEFENDANT TO APPEAR

THE STATE OF HAWAI'I

TO THE SHERIFF, OR THE CHIEF OF POLICE OF THIS CIRCUIT, OR THEIR DEPUTY, OR THEIR DULY AUTHORIZED SUBORDINATES IN THIS CIRCUIT OR ANY PERSON AUTHORIZED TO SERVE PROCESS IN THE STATE OF HAWAI'I:

WHEREAS, the Plaintiff has moved this Court for a special Order Directing Service of Process on Defendant by Posting Complaint for Summary Possession on the Premises and by Certified Mail at the Premises Address listed on page 1;

NOW, THEREFORE, YOU ARE COMMANDED to leave certified copies of **this Motion and** the Complaint for Summary Possession with some agent or employee of Defendant, provided an agent or employee can be found upon the premises or elsewhere within the circuit, and also to affix in a conspicuous place upon that certain premises located at Premises Address listed on page 1, certified copies of this Motion and the Complaint for Summary Possession, such posting to be not less than ten (10) days before the return date, and make due return of this Order with what you have done endorsed thereon.

IT IS FURTHER ORDERED that Plaintiff shall send to Defendant, by certified mail, return-receipt requested, certified copies of this Motion and the Complaint for Summary Possession and file in these proceedings a declaration of the certified mailing in the appropriate form.

IT IS FURTHER ORDERED that Defendant shall appear before the Presiding Judge of this Court in the Courtroom, at the address indicated below on _____, _____, 20____
at _____ a.m. to respond to the Complaint for Summary Possession.

*** * * * * THE PROCESS SERVER MUST POST BOTH THIS MOTION * * * * ***
AND THE COMPLAINT FOR SUMMARY POSSESSION

COURT ADDRESS

Mailing address for the Court:

Date:

Judge

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) _____; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

**MOTION FOR RECONSIDERATION OR NEW TRIAL;
DECLARATION; NOTICE OF MOTION; CERTIFICATE
OF SERVICE**

IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAII	
Plaintiff	Reserved for Court Use
	Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email
Trial/Motion Judge:	
MOTION FOR RECONSIDERATION OR NEW TRIAL	
Filing Party requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to: <input type="checkbox"/> District Court Rules of Civil Procedure, Rule _____; <input type="checkbox"/> New trial under District Court Rules of Civil Procedure, Rule 59.	
DECLARATION	
1. I am <input type="checkbox"/> the Movant or <input type="checkbox"/> associated with the Movant as _____;	
2. The following are facts why the Motion should be granted (Attach additional page(s), if necessary):	
I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.	
Date:	Signature of Declarant: Print/Type Name:

SEE PAGE 2 FOR NOTICE OF MOTION AND TO RESPOND TO THE MOTION

NOTICE OF MOTION

TO _____:
Please take notice that this Motion will be heard by the District Judge of this Court, in the Courtroom, at the address below on
(Day): _____, (Date): _____ at (Time): _____, _____.m. or
as soon thereafter as parties may be heard.

COURT ADDRESSES

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by
☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:	Signature of Filing Party/Attorney:
	Print/Type Name:

RESPONSE TO THE MOTION/CERTIFICATE OF SERVICE

- ☐ I DO NOT OBJECT to this Motion.
- ☐ I DISAGREE with this Motion for the following reasons (Attach additional page(s), if necessary):

Reserved for Court Use

I DECLARE UNDER PENALTY OF LAW THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response to the Motion on all parties or their attorneys by ☐ Hand-delivery or ☐ Mail, addressed as follows:

Date:	Signature of Responding Party/Attorney:
	Print/Type Name:



Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) _____; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

**MOTION TO SET ASIDE ☐ DEFAULT ☐ JUDGMENT
OR ☐ DISMISSAL; DECLARATION; NOTICE OF MOTION;
CERTIFICATE OF SERVICE**

TWO-SIDED FORM

Form #_DC42

IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff	Reserved for Court Use
Defendant	Civil No.
	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email
	Date of Default, Judgment or Dismissal entered:

MOTION TO SET ASIDE ☐ DEFAULT ☐ JUDGMENT or ☐ DISMISSAL

Filing Party requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to the District Court Rules of Civil Procedure, Rule _____.

DECLARATION

I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am the ☐ Movant or ☐ associated with Movant as _____;
2. The following are facts why the Motion should be granted (attach continuation page, if necessary);

Date:	Signature of Declarant: Print/Type Name:
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MOTSETSD.2XX (Amended 7/9/25)

SEE AND USE REVERSE SIDE TO RESPOND TO MOTION

NOTICE OF MOTION

TO: _____:

Please take notice that this Motion will be heard by the District Judge of this Court, in the Courtroom, at the address checked below on _____, _____, 20____ at _____ M., or as soon thereafter as parties may be heard.

COURT ADDRESSES

(space reserved for court addresses)

Mailing address for the above Courts: (space reserved for court mailing address)

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Motion on all parties or their attorneys by

☐ Hand-delivery **or** ☐ Mail, addressed as follows:

Signature of Filing Party/Attorney:

Date:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

☐ I DO NOT OBJECT to this Motion.

☐ I DISAGREE with this Motion for the following reasons:

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that on (date): _____ I served a copy of this Response to the Motion on all parties or their attorneys by ☐ Hand-delivery **or** ☐ Mail, addressed as follows:

Signature of Responding Party/Attorney:

Date:

Print/Type Name:



Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) _____; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

**WRIT OF EXECUTION; EXHIBIT A
(HAWAI'I REVISED STATUTES § 651-32)**

**TWO-SIDED FORM
Form #_DC53**

IN THE DISTRICT COURT OF THE _____ CIRCUIT DIVISION STATE OF HAWAI'I	
Plaintiff	Reserved for Court Use
Defendant	Civil No.
	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email
	Judgment attached as Exhibit A
WRIT OF EXECUTION (HRS § 651-32)	
<p>THE STATE OF HAWAI'I:</p> <p>TO: The Director of Law Enforcement of the State of Hawai'i, any deputy or any police officer or other person authorized by the laws of the State of Hawai'i.</p> <p>You are commanded to levy upon the personal property of _____ ("the Judgment Debtor")</p> <p>if any within the above Circuit and if sufficient cannot be found, then upon Judgment Debtor(s)' real property within the above Circuit, and giving thirty days previous notice as required by law, to sell same, or so much thereof as may be found necessary at public sale, to the highest bidder, in order to satisfy a judgment rendered against Judgment Debtor, on the _____ day of _____, 20____, in favor of _____</p> <p>_____ for \$ _____, see attached Exhibit A, costs of court inclusive, collecting also the legal interest from date of judgment, and your costs, and expenses of levy, advertisement and sale.</p> <p>MAKE DUE RETURN to the above-entitled Court of this Writ, with your proceedings and the money collected by you within sixty days from the date of the execution of this Writ.</p>	
Date:	Judge of the above-entitled Court

WRITEXE.2X (Amended 7/9/25)

SEE PAGE 2

I am duly authorized by Hawai'i law to serve this Writ and I executed this Writ on the following person(s):

at _____

on this _____ day of _____, 20__.

Date:

Signature of Serving Officer:

Print/Type Name:

For Civil related matters, please call **(808)** _____ or visit the District Court Service Center at _____.



Americans with Disabilities Act Notice

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- Call (808) _____; or
- Send an e-mail to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

If you need help with this document, please contact the District Court Service Center at
PHONE NO. (808) _____ • **or VISIT** _____.